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Bib Data Sheet

CONFIRMATION NO. 7856

<b>SERIAL NUMBER</b> 10/748,432	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> BHCS:1006RCE	
<b>APPLICANTS</b> Charles R. Roe, Rockwall, TX;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/371,385 02/21/2003 which is a DIV of 09/890,559 08/01/2001 PAT 6,740,679 which is a 371 of PCT/US00/03022 02/03/2000 which claims benefit of 60/119,038 02/05/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 34725					
<b>TITLE</b> METHOD OF SUPPRESSING THE EFFECTS OF THE TRANSLOCASE DEFICIENCY OF A HUMAN INFANT COMPRISING ADMINISTRATION OF A SEVEN-CARBON FATTY ACID					
<b>FILING FEE RECEIVED</b> 998	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		